

## **Program Revision**

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### **DEVELOPMENTAL DISABILITIES-CHILDREN EARLY INTERVENTION BIRTH TO THREE SERVICES FOR CHILDREN # DSD009**

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Early intervention programs are provided in accordance with the requirements of the Individuals with Disabilities Act (IDEA) and WI Administrative Code, HFS 90. Early Intervention programs are designed to enhance parents'/caregivers' ability to meet the unique developmental needs of their child and to enhance the overall development of the child within the context of the child's family and community.

The principles that guide this program are:

1. A child's optimal development depends on their being viewed first as children and second as children with a problem or disability.
2. A child's greatest resource is their family.
3. Parents are partners in any activity that serves their children.
4. Children are best supported within the context of family and the family is best supported within the context of the community.
5. Professionals are most effective when they can work as a team member with parents and others.
6. Collaboration is the best way to provide comprehensive services.
7. Early intervention enhances the development of children.

These principles were adopted by the State Interagency Coordinating Council and reflect the values that guide implementation of the Birth to Three Program.

The Milwaukee County Department of Health and Human Services, Birth to Three Program is the lead agency. DHHS maintains central intake functions. New referrals are assigned to agencies for evaluation, assessment, eligibility determination, plan development and on-going services.

All families participating in the early intervention programs work with a service coordinator. The service coordinator is the primary contact for the family from the time of referral to the time of transition from Birth to Three Program. The service coordinator arranges for evaluation, assessment, and development of the IFSP. The service coordinator is responsible for ensuring that families understand their rights within the program.

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The evaluation team for Birth to Three must include at least two qualified professionals. (per HFS 90). The parent/surrogate parent/guardian is a member of the evaluation team.

The team reviews existing evaluations, performs additional evaluations which may be necessary, observes the child in their home or community environment and completes individual written reports. The evaluation provides information about the child's current developmental functioning and determines the child's eligibility for services. If the child is eligible, the family and the team develop an Individual Family Service Plan (IFSP) based on the family's identified concerns and priorities regarding the child's development. The IFSP must be developed within 45 days from the date of referral. The IFSP includes specific activities to address the family's priorities regarding their child's development. Services listed on the IFSP should be initiated in a timely manner. A Child Outcomes Summary Worksheet with program entry information will also be completed at this time. The service coordinator assists the family in obtaining the recommended services. The IFSP is reviewed/revised with the family at least every six months.

The Evaluation Team Report, the IFSP, and the Child Outcomes Summary Worksheet are submitted to DHHS Birth to Three Program staff for review and authorization of services.

Services provided to children/families are based on the concerns and priorities identified in the IFSP. The services should promote community integration for children with developmental disabilities and/or delays. The services should be provided within the context of the family/child's daily routines. Services may include: education, occupational therapy, physical therapy, speech therapy, psychology, assistive technology, nutrition, social work, parent education and support, and transportation. Service coordination is provided for all eligible children and their families. Service delivery can include: individual service, group activities, consultation activities with family and providers, and parent education activities.

Services should be designed to meet the family's needs, schedules, and their priorities regarding their child's development.

All agencies should describe in their application how their program design will provide services within the context of the child and family's daily routines.

If the IFSP team considers provision of services in other than the child's natural environment, the program must have sufficient documentation to support the team's decision that the child and family outcomes could not be met by providing services in the natural environment. The documentation should include an explanation of how the IFSP team made this determination, how the goals and

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strategies will be generalized to other environments and what supports are needed to serve the child within the home and community environment.

### **Early Intervention Birth to Three Program Requirements**

1. Address all Disabilities Services and HFS 90 Early Intervention requirements related to evaluation, development, implementation and revision of the Individual Family Service Plan (IFSP), service coordination, obtaining informed parent/guardian/surrogate parent consent and ensuring that the parent/child rights are maintained.
2. Make available appropriate qualified staff for evaluation of children referred by the Birth to Three DHHS Intake staff. Staff should meet the personnel and training requirements of HFS 90.
3. Make available appropriate qualified staff for the provision of services to children and families within the context of their daily routines.
4. Make available appropriate qualified staff to provide service coordination, to develop and monitor the IFSP with the family and to link families with appropriate services and resources. Per HFS 90, Service Coordinators are required to participate in at least 5 hours of training each year related to early intervention. Service coordinators should also be knowledgeable of community resources for children and families.
5. Review the IFSP with the family at least every six months.
6. Transition children at age three to appropriate school and community resources.
7. Provide a representative to receive referrals for the agency at the DHHS Collaborative Intake meeting.
8. Have adequate billing procedures to ensure that third party revenues are maximized and the Birth to Three cost share system is implemented. Have adequate written information available for non-English speaking families, e.g., program descriptions, service descriptions, primary policies and guidelines for participant. Submit National Child Outcomes entry and exit data.
9. Assist with collection of family survey for annual National Family Outcomes data.
10. Participate in the yearly State Birth to Three Program Self- Assessment.

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### Agency Reporting

1. On a semi-annual basis each agency must provide a narrative on transition and discharge of children from the program. The final report for the year should include the six months data and the yearly total.
2. Each agency will submit a semi-annual report listing training activities for service coordinators and any assistance needed from DHHS & State Birth to Three staff that would enhance service coordinator skills and knowledge of resources.
3. Each agency must provide a yearly summary of parent education activities, using the following format:

Date(s)	Activity	Topic	Location	# Parents Attended

4. Each agency must provide a yearly summary highlighting successes in providing services within the context of the community and listing any barriers to implementation of their program design.
5. Each agency must describe staffing shortages and/or challenges and their action plans to alleviate the issues.

### Program Performance Data

1. Individuals with Disabilities Education Act (IDEA) 2004 revisions require states to provide **Child and Family outcome data** demonstrating the impact of early intervention. The primary focus of Federal and State monitoring activities is on improving education results and functional outcomes for all children with disabilities.

The Office of Special Education Programs (OSEP) in the U.S. Department of Education has taken stronger actions to enforce the IDEA by issuing the first set of state-level determinations for Part C, Birth-to-Three Program. The determinations were based on fourteen federally defined indicators required under federal statute as part of ongoing efforts to improve results for children and youth with disabilities.

OSEP has required states to enforce IDEA by making local determinations annually on the performance of each early intervention program under Part C. States are required to consider a county's performance on compliance indicators based in part on **Child and Family Outcomes** and other performance data.

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The compliance indicators are:

- 1) Percent of infants and toddlers with Individualized Family Service Plans (IFSP's) who receive early intervention service on their IFSP's in a timely manner (within 30 days). State target: 100%.
- 2) Percent of infants and toddlers with IFSP's who primarily receive early intervention services in the home or in programs for typically developing children. State target: 95.68%.
- 3) Percent of infants and toddlers with IFSP's who demonstrate positive social emotional skills, acquisition and use of knowledge and skills, and use of appropriate behaviors. State target: not yet determined.
- 4) Percent of families participating in Part C who report that early intervention services have helped the family. State target: not yet determined.
- 5) Percent of infants and toddlers from birth to age 1 with IFSP's compared to birthrate. State target: 1.13% of birthrate.
- 6) Percent of infants and toddlers from birth to age 3 with IFSP's. State target: 2.80% of birthrate.
- 7) Percent of eligible infants and toddlers with IFSP's for whom evaluation was completed within 45 days. State target: 100%.
- 8) Percent of children exiting Part C who received timely transition planning. State target: 100%.

In October and November of 2007, the DSD Birth-to-Three program was evaluated by the State. Milwaukee County received a local determination of "needs assistance" on several indicators. Determinations of program compliance by counties will be provided annually, and states must apply enforcement actions after a county's overall determination of "needs assistance" results for two consecutive years. These compliance indicators have been in existence for at least five years. It is essential to ensure that contracted Birth-To-Three providers meet all compliance indicators in order to avoid a second year determination of "needs assistance."

The State and County have jointly developed individual agency Performance Improvement Plans (PIP's). These PIP's are mandatory to ensure compliance with federal indicators. The individual PIP's were based upon an agency's compliance with the performance indicators. 2009 Birth-To-Three contract allocations will be based upon provider agencies' ability to comply with these indicators per the plans.

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All Birth to Three Program provider agencies will be required to collect and submit entry, ongoing and exit data for each eligible child receiving services. The data will reflect achievement/progress toward the following **Child Outcomes**:

- a. Children have positive social-emotional skills (including positive relationships).
- b. Children acquire and use knowledge and skills (including early language/communication).
- c. Children will take appropriate actions to meet their needs.

Information will be collected for each child by the evaluation team and submitted on a Child Outcomes Summary Worksheet. The worksheet will be submitted to DHHS at least twice: entry data will be recorded at the time of IFSP development and exit data will be collected when the child is discharged from the program after a minimum of six months participation.

2. **Family Outcome** information will be collected and submitted to DHHS on an annual basis in the form of a survey. The survey responses will reflect achievement/progress toward the following Family Outcomes:
  - a. Families understand their child's strengths, abilities, and special needs.
  - b. Families know their rights and advocate effectively for their children.
  - c. Families help their child develop and learn.
  - d. Families have support systems.
  - e. Families' access desired services, programs and activities in their community.

### Unit of Service

**For all Birth to Three programs a unit of service is one-quarter hour of direct service time.**

**Direct service time** is staff time spent in providing service to the program participants, which includes face-to-face contacts (office or field), collateral contacts, telephone contacts, client staffings, and time spent in documentation of service provision. (Direct service does not include indirect time such as that spent at staff meetings, in service training, vacations, etc.)

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**Collateral contacts** are face-to-face or telephone contacts with persons other than the program participants, who are directly related to providing service to the person and need to be involved by virtue of their relationship to the program participant. Collateral contacts could include contacts with family members, other service providers, physicians, school personnel, clergy, etc.

Reimbursement for group services is based on one hour units of direct service time. The total time must be equally divided between each group participant and recorded in the case record of the participant.

### **Documentation**

**Direct service time** must be documented through an entry in the case notes or narrative for units billed. The narrative entry must include (a) the date of the contact; (b) the type of contact (face-to-face, collateral, phone, etc.); (c) who the contact was with; (d) the content of the contact; and (e) the number of units (the length of the contact). The case narrative must be contained in the case record maintained by the agency.

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**All Program Revisions/Clarifications can be found online at:**

**<http://county.milwaukee.org/Corrections22671.htm>**